

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 2636
 Examiner : Julie Bichngoc Lieu
 Applicant : Gregory P. Brown et al.
 Appln. No. : 10/694,258
 Filing Date : October 27, 2003
 Confirmation No. : 4121
 For : WHEEL POSITION INDICATOR

Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is an Amendment Under §1.312 in the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*25	Minus	**25	=0	x \$25	\$	X \$ 50	\$0
Independent Claims	*6	Minus	***6	=0	x 100	\$	X \$200	\$0
First Presentation of Multiple Dependent Claims \$180						\$	X \$360	\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$		\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

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Each Additional Group of 50 Pages That Exceeds 100 Pages

Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
No. of Groups Remaining After Amendment		Highest No. of Groups Previously Paid For	Present Extra Groups	Rate (each add'l 50 pages over 100)	Add'l Fee	Rate (each add'l 50 pages over 100)	Add'l Fee
	Minus	*	=**	x \$125	\$	X \$250	\$

One "group" is a set of 50 application (specification, claims, abstract, and drawings) pages.

* If the entry in Col. 2 is more than the entry of Col. 1, write "0" in Col. 3

** If the entry in Col. 3 is not "0," pay the required fee.

1. _____ Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. x No additional fee is required.
3. _____ A fee of \$ _____ to cover the cost of the additional claims added by this response is due.
4. _____ A fee of \$ _____ to cover the application size fee is enclosed.
5. x Please charge the required fees to Deposit Account No. 06 1510. A duplicate copy of this sheet is attached.

Respectfully submitted,

July 31, 2006
Date

MPD/msj

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